



PTO/SB/52 (08-03)

Approved for use through 01/31/2004. OMB 0651-0033

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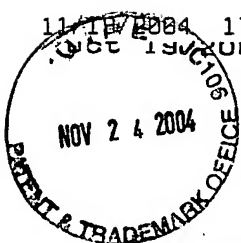
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) GAO-0001
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Gaylord Hospital</u> and the title of my position with said assignee is: <u>Vice President</u> and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.		
Inventor Lindsay Roth	Citizenship US	
Residence/Mailing Address 380 Hitchcock Road, #247, Waterbury, CT 06705		
Inventor Susan Gibbons	Citizenship US	
Residence/Mailing Address 216 Wild Oak Drive, Southington, CT 06489		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent 6,355,023	Date of Patent Issued March 12, 2002	
Title of Invention Closed System Access Device		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: Closed System Access Device the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number _____ and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/52 (04-04)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

GAO-0001

At least one error upon which reissue is based is described as follows:

Clarification is required that it is a needle lumen that extends through the intermediate wall or outer wall of the closed system access device.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

☒ Practitioners at Customer number:

23413

OR

☐ Practitioner(s) named below:

Name	Registration Number

Correspondence Address: Direct all communications about the application to:

☒ Customer Number:

06-130

OR

☐ Firm or Individual Name

Cantor Colburn, LLP

Address

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Address

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860.286.2929

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Raymond E. Washburn

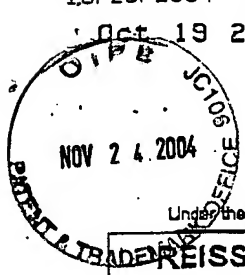
Signature

Date

11/19/2004

Address of Assignee

Gaylord Hospital; P.O. Box 400; Gaylord Farm Road; Wallingford, CT 06492

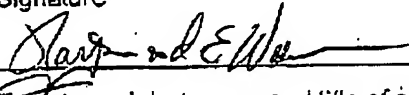


PTO/SB/53 (05-03)

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) GAO-0001
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) <u>Gaylord Hospital</u>		
Patent Number 6,355,023	Date Patent Issued March 12, 2002	
Title of Invention <u>Closed System Access Device</u>		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b): (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Gaylord Hospital</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Signature 	Date 10/19/2004	
Typed or printed name and title of person signing for assignee (if assigned) Raymond E. Washburn, Vice President Gaylord Hospital, Wallingford, CT		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.